

and judgment to determine what is best for the patient. War surgery differs from civil surgery only in the field; from the base hospital rearward there is no difference. With few exceptions conservatism is the thing in the field; the important question to decide is, How far may the patient be transported with safety?

The statement of MacCormac that "A man wounded in the abdomen dies if operated upon; he lives if let alone," is forcibly supported in the following passage: "In the Transvaal, at Spion Kop, all the wounded, being in a mountainous country, and having necessarily to be transported over very rough ground, succumbed; at Jacobsthal a great many men who were not moved recovered. We have seen quite a series of wounded cured by expectation, the soldiers having been obliged to remain on the field of battle for several days without being able to move from one spot, with nothing to drink or eat."

But little is said about wounds from cold steel; nothing on the value of human blood serum in hemorrhage; while the work antedated, of course, the recent exhaustive observations of Funteroy on gas-bacillus infection, as well as the prophylaxis and curative treatment of poison-gas cases.

The book should be of great value if read by one about to enter upon medical military service, for it imparts a good, general working knowledge of military surgery.

P. G. S., JR.

THE JOHNS HOPKINS HOSPITAL REPORTS (MONOGRAPHS, NEW SERIES, No. VII) VENOUS THROMBOSIS DURING MYOCARDIAL INSUFFICIENCY. By F. J. SLADEN, Resident Physician and M. C. WINTERNITZ, Associate Pathologist, The Johns Hopkins Hospital. Pp. 40; 2 figures; 1 colored plate. Baltimore: The Johns Hopkins Press, 1915.

THIS monograph is an admirable summary and discussion of cases of venous thrombosis occurring during myocardial insufficiency. To forty-eight abstracts of cases published in the literature are added seventeen unpublished cases, observed mostly in the Johns Hopkins Hospital. Several facts of interest are brought out: (1) Extensive venous thrombosis is commoner than has been believed hitherto; (2) is frequently difficult to diagnose; (3) should be suspected whenever the edema of myocardial insufficiency is asymmetrical; (4) occurs more often in females than in males, but at any age; (5) most commonly follows rheumatic mitral disease. It should be remembered, however, that myocardial degeneration was probably also present in most of the cases diagnosed primarily as valvular. As an "irregular pulse" is frequently mentioned in the abstracts, it would be interesting to know whether such types of cardiac

arrhythmia as auricular fibrillation bore any relation to the incidence of thrombosis. From this point of view, the absence of polygraphic or electrocardiographic records is regrettable. It is also unfortunate that in the more recent cases at least, observation on venous blood-pressure could not have been included, as here also a valuable relationship might have been established. Brödel's three illustrations are, of course, excellent. One would appreciate, however, a more detailed description of some of the features of the colored plate.

E. B. K.

SURGICAL OPERATIONS WITH LOCAL ANESTHESIA. By ARTHUR E. HERTZLER, A.M., M.D., Ph.D., F.A.C.S., Surgeon to the Halstead Hospital, Kansas, the Swedish Hospital, Kansas City, Mo., and to the General Hospital, Kansas City, Mo. Pp. 132; 173 illustrations. Second edition. New York: Surgery Publication Company, 1916.

In this the second edition, the author has widened his scope and treated the whole general subject of local anesthesia in surgery. He describes in detail the technic of the injection, the drugs employed, their choice and their administration in minutiae. Major and minor operations are described and the special method of anesthesia for such is illustrated.

No attempt is made to theorize as to the production of anesthesia. The work is purely a practical one covering this side of the subject from beginning to end. Emphasis is laid upon the knowledge of anatomy and gentleness in all manipulations and surgical procedures.

The book is very well gotten up in every way, the subjects are well arranged, the illustrations well made, clear and instructive, and the text makes very pleasant and easy reading. It tells one all he desires to know about the practical side of local anesthesia. Many apparently minor points, yet very important points are elucidated, points which have been heretofore inexplicable to the reviewer at least. It is a work I am glad to own.

E. L. E.

POSTMORTEM EXAMINATIONS. By WILLIAM S. WADSWORTH, M.D., Coroner's Physician of Philadelphia. Pp. 604; 304 illustrations. Philadelphia and London: W. B. Saunders Company, 1915.

CRITICISM of Dr. Wadsworth's *Postmortem Examinations* must be favorable or qualified, largely as the book is regarded as a monograph in *extenso* or a text-book for students and practitioners. If offered in the latter sense it is impossible, for it should, as a text-